

Together for Mental Wellbeing







York Road

Inspection report

31 York Road,
Sutton,
Surrey,
SM2 6HL
Tel: (020) 8642 6310

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

This inspection took place on 26 August and 1 September 2015. At our last inspection on 11 June 2014 the service met all the regulations we inspected.

York Road provides accommodation, care, and support with the aim of rehabilitation for up to fourteen people with mental health needs. The intention is to help people to live with more independence in the community and the average length of stay is approximately two years. There were twelve people using the service when we inspected the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the service they received. Staff had received training to help them safeguard people from the risk of abuse. The registered manager and staff were aware about how to report

Summary of findings

suspected abuse. Review of the information we received showed us that when a concern was raised it had been reported appropriately to the local authority and to the Care Quality Commission.

People had risk assessments and risk management plans in place to reduce the likelihood of harm. Staff knew how to use the information to keep people safe and work with them positively to help them be as independent as possible.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed as unfit or unsuitable.

Safe medicines management processes had been implemented and people were supported to self-medicate where they were able to do so.

People received effective care because staff were appropriately trained and supported to do their jobs.

People using the service had been assessed as having the capacity to make decisions for themselves and were supported to do so. Staff had received appropriate training and had a good understanding of the Mental Health Act (MHA) 1983 and the Mental Capacity Act 2005 and knew when each set of legislation applied.

People were encouraged and supported by staff to become more independent by developing the necessary skills and knowledge. This included eating well and staying healthy. When people needed care and support from healthcare professionals, staff ensured people received this.

People had care plans outlining the goals they wished to achieve and what support they required from staff. People were involved in planning their care and their views were sought and planned for as a central and

important part of the process. The service regularly monitored people's changing needs and involved them in discussions about any changes that needed to be made to their care plans.

Staff respected people's privacy and treated them with respect and dignity.

Relatives and other visitors were made to feel welcome and told us they were free to visit people in the home.

People told us they were able to contribute to the assessment and care planning process of their care through a number of different ways that they found useful. This included Care Programme Approach (multi-disciplinary agency) meetings, key worker meetings and house therapy meetings. We saw evidence that care plans reflected what people had said they would like and how they would like their care to be delivered. Care plans included details of people's social activities and of their engagement with the community. All care plans we inspected had been reviewed monthly to the date of this inspection.

People knew how to make a complaint or how to raise a concern if they needed to do so. The registered manager told us they reviewed all complaints that had been made to check if there were any trends emerging. None had been identified at the time of this inspection.

People and staff members gave positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions via feedback surveys. Action plans were developed where required to address areas that needed improvements. The management of all the home's records such as care files and maintenance records was seen to be well ordered and effective.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People said there were enough staff to support them safely. Staff had received training to do with the safeguarding of adults and they knew how to recognise and report any concerns they had in order to protect people from the risk of abuse or harm.

There were appropriate risk assessments in place linked with people's care plans to protect them from the assessed risks.

Staffing levels were seen to be set at the right level to meet people's needs. Staff recruitment procedures were appropriate and helped to ensure the risks of people being cared for by unfit or unsuitable staff was minimised.

Regular checks of the environment and equipment were carried out to ensure risks were identified so they could be dealt with.

People received their prescribed medicines when they needed them. Medicines were stored and administered safely.

Good



Is the service effective?

The service was effective because staff were well trained and received regular supervision. Records we saw evidenced staff had received regular training and support to keep their skills and knowledge updated.

All those people living in the home had the capacity to make decisions for themselves. Staff had a good understanding of the Mental Health Act (MHA) 1983 and the Mental Capacity Act (2005) to help protect people's rights.

People were encouraged and supported by staff to become more self-sufficient by developing the knowledge and skills to do so. This included eating well and staying healthy. When people needed care and support staff ensured people received this.

Good



Is the service caring?

The service was caring. People told us staff were kind, caring and supportive.

People were central to the process of making decisions about their care. Their views were listened to and used to plan their rehabilitation care and support plans. Advocacy services were available for people to use if they wished.

Staff respected people's dignity and right to privacy. Relatives were free to visit the home and people were allowed to visit their relatives in their homes as well. Visitors told us they were made to feel welcome and said they attended gatherings at the home such as summer barbeques.

Good



Is the service responsive?

The service was responsive. People told us they were able to contribute to the assessment and care planning process of their care through a number of different ways that they found useful. Care plans reflected what people said they would like and how they would like their care to be delivered. These included details of people's social activities and of their engagement with the community.

Good



Summary of findings

People knew how to make a complaint or how to raise a concern if they needed to do so.

Is the service well-led?

The service was well-led. People and members of staff told us they thought the service was well managed and they experienced a positive working environment. People's views were sought about the quality of the care and support they received. The registered manager and staff acted on people's suggestions for improvements.

Senior managers and the registered manager carried out regular audit checks to monitor the safety and quality of the service. Records management was seen to be effective and well maintained.

Good



York Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on the 26 August and 1 September. It was carried out by a single inspector.

We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and changes within the organisation.

We gathered information by speaking with six people living at York Road, a community psychiatric nurse, a social worker, two relatives, the registered manager and three members of staff. We observed the provision of care and support to people living in the home. We looked at four people's care records and three staff records and reviewed records related to the management of the service.

Is the service safe?

Our findings

People at York Road told us they felt safe living there. One person said, “I do feel safe living here, staff have helped me so much with moving on and I’m nearly ready to move into my own flat, I couldn’t have done it without them”. Another person said, “I feel safe living here, staff are supportive”. We observed a relaxed and casual atmosphere in the home and we saw that people were kept safe by staff.

Staff told us they had received training in safeguarding adults and this had helped them keep people safe from abuse. We saw certificated evidence for those staff whose records we checked for safeguarding adult's training. Staff explained to us the signs and symptoms of the different forms of potential abuse that might occur with people living at York Road. They knew what actions to take if there was a concern of abuse. The registered manager told us that any concerns about people being abused were always reported to the local authority safeguarding team and to the Care Quality Commission. We reviewed the home’s log of safeguarding concerns and corroborated this with the notifications we had received. Safeguarding concerns that were recorded had been reported to the local authority safeguarding team and to the Care Quality Commission. This meant that people were better protected from further abuse and that where abuse had occurred it was properly investigated and the reasons for the abuse dealt with.

Appropriate policies and procedures were in place in the home to do with safeguarding adults and staff had been asked to sign to say they had read them and would work within them. We saw written evidence that this was done. How to make a complaint and whistleblowing were included in the home’s policies and procedures manual so staff also knew how to raise concerns and we saw evidence staff had signed for these too.

People told us they had been part of their care plan reviews including the risk assessment process and we saw they had signed both to indicate their agreement with what had been written. People’s care files showed that everyone had an up to date risk assessment with the identified risks being managed through their care plans. This helped to ensure people were appropriately protected and supported. We saw both care plans and risk assessments had been recently reviewed with people, staff, community psychiatric nurses and local authority social workers. For

one person we saw a risk assessment had been carried out to address a person’s particular behaviour and a management plan was in place to address these issues and to help protect the person and others.

From our review of the home’s files we saw there were other risk assessments in relation to the premises and risk management plans in place to ensure identified risks were minimised. The registered manager told us this helped to keep people and staff safe. Regular service and maintenance checks of the home and equipment had been undertaken. A fire risk assessment carried out on 25 August 2015 identified several actions that needed to be implemented to ensure compliance with the London fire Authorities requirements. The registered manager told us appropriate works were underway to meet these newly identified needs and we saw written evidence of this. We saw evidence of other audits that had been carried out such as a medication audit, an environment audit and a health and safety check. The registered manager told us that where any risks were identified an action plan was drawn up to ensure they were dealt with. We saw records that confirmed what we were told. On our walk around the premises together with the registered manager we found the home clean, tidy and free of clutter. This meant that people could move safely around the home.

People told us they thought there were enough suitably qualified and experienced staff to meet their needs and to work with them towards their goals of rehabilitation back into the community. Two people said there were enough staff on duty and they both told us when they needed support a member of staff was available to help them. We also looked at the staff rota and we saw that the staff ratio to people were according to the provider’s arrangements regarding staffing levels. The registered manager told us if people’s needs increased, there were provisions in place for additional bank staff support to be provided as required.

People told us that they were encouraged and supported to self-medicate when appropriate as a part of their rehabilitation programme. One person said, “It’s really helped me with my confidence especially when I move into my own flat. I know I’ll be able to do it properly.” We spoke with the member of staff with the responsibility for medicines within the home and they told us that medicines were managed so that people received them safely. We found that there were appropriate arrangements in place in relation to obtaining, storing, administering and the

Is the service safe?

recording of medicines which helped to ensure they were given to people safely. All the medicines were safely stored away in a locked medicines cabinet. We looked at a random sample of medicine administration record (MAR) sheets for six people and we saw that medicines records were maintained appropriately. We also reviewed the

auditing procedures for administering medicines to people and we can report that these procedures were comprehensive and fit for purpose. We saw written evidence of a recent external audit by the chemist of these procedures. The report stated everything was satisfactory and passed with their approval.

Is the service effective?

Our findings

People received effective care and support from well trained staff who were knowledgeable and had the skills needed to support them. As a part of the inspection we reviewed training and staff supervision records. We saw the registered manager supervised all the staff regularly and appraised their work performance, their learning and development needs and any issues or concerns they had about their role. Staff told us they had monthly one to one supervision meetings.

One member of staff told us, "I meet with the manager monthly. We discuss issues to do with my key working with residents, my training needs and any other appropriate business." Another member of staff said, "We get a mixture of types of training ranging from e-learning, group training and class room training. It's pretty useful and I have done lots of training over the last year." We looked at staff records and found training information on all the staff files. There was a list of all training that had been completed, together with certificated evidence. The training provided covered the essential areas of knowledge, skills and competencies that the provider had assessed staff needed to do their jobs effectively. There was additional training provided for staff covering challenging behaviours, the Mental Capacity Act 2005 and working with people who have personality disorders.

All of the people living at York Road had the capacity to make decisions about specific aspects of their care and support at the time of this inspection. Staff had received appropriate training and had a good understanding of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to help protect people's rights.

The registered manager said that people's capacity to make important decisions was always discussed at their care planning meetings so everybody was aware of the person's ability to decide on what was in their best interests.

People told us they planned, shopped for and prepared their own meals. In fact during the course of our inspection

we saw four people returning to York Road with their shopping. We asked each of them about this and they told us they did their own shopping every week. They said they received some support initially to help ensure they could have a healthy and balanced diet. One person said, "I used to be a chef, so I can cook for myself as well as for other people. I enjoy cooking still." Another person told us that they had their own fridge and said, "We shop for ourselves, but staff help us when we need it." Someone else said, "I couldn't cook anything before but I've learnt to cook a few meals now." Staff told us that it was an essential part of helping people to move back into the community to help equip them with the skills to plan, shop and cook their own food and they said they provided appropriate support when it was required. People told us they enjoyed their meals and were pleased to gain the experience they hoped would help them to be able to live more independently in the future.

People were supported to maintain good health and have appropriate access to healthcare services. We checked four people's care files and we found records on these files that recorded healthcare appointments they had, together with the date. We could see that all the people were registered with a local GP and had regular annual health checks. People's health care needs were also well documented in their care plans and this showed that people's health was seen as an important part of their overall care.

Staff told us that an important element of gaining good mental health was to ensure that people maintained good physical health. One person told us, "We try to ensure every person has regular health checks and we keep a record so we can see if this is being successfully achieved. We encourage people in our key working sessions to help them recognise the importance of maintaining good physical health." Care and support people received was documented in their records and this included information about the support people needed to access healthcare services such as the GP, community psychiatric nurse or psychiatrist. People's healthcare and medical appointments were noted in their records and the outcomes from these were documented.

Is the service caring?

Our findings

We spent part of this inspection observing how people were being treated at York Road and we found they were treated with compassion and kindness. People told us they felt well treated by staff and the support they received had helped them on their path to recovery and rehabilitation. All the people we spoke with said their aim was to live as independently as they could in the community and wanted to live in their own accommodation. They said they recognised the service supported them in a caring way to achieve this.

When we spoke with staff we could see from what they told us they understood the needs of the people living at York Road. Staff told us they read people's care plans together with all the other documentation held on care files such as risk assessments and all the referral information that accompanied people at the point of referral from hospital. This information provided a comprehensive picture of the person and helped staff to understand the person's needs, their preferences and their personal histories in a caring way.

An important part of the process of rehabilitation is to help people to make decisions about their everyday life and to be part of the planning for their futures. People told us they were encouraged to be as independent as possible and were supported to learn appropriate life skills that would enable them to achieve their maximum potential. They told us they were actively involved in their rehabilitation programmes and were encouraged to make decisions

about their care and support needs. The aim of the programme of care and support provided at York Road was to enable people to move on to more independent accommodation and to successfully support themselves wherever possible. The care records we saw showed wherever people were able to do so, they were involved in making decisions about their care and support and their consent was sought and documented.

We saw that advocacy services were advertised on notice boards in the home and were therefore available for people to use if they or their relatives wanted to do so.

We saw that people's right to privacy and dignity was respected. Care plans set out how these rights should be supported by staff. This included maintaining people's privacy and dignity when their care was being discussed. During the inspection we observed staff knocked on people's doors and waited for permission before entering. We also observed instances where staff positively encouraged people to respect the personal space and boundaries of other people in the home. People's records were kept securely within the home so that their confidential personal information was protected.

Relatives we spoke with told us they could visit their family members and were made to feel welcome. One person said, "I visit whenever I can but more often they come to see us at home. I have not been aware of any restrictions put on these visits." The service held regular events at the home such as summer barbeques and other celebratory events and friends and family were invited to attend and participate.

Is the service responsive?

Our findings

People told us they contributed to their needs and risk assessments and to their care plans. At all stages of the care planning process we saw people were involved. All the documents we inspected had been signed off by people to indicate their involvement and agreement with what had been written down. People told us they were involved and they said they attended their reviews and had regular meetings with their keyworkers where their care was discussed. We saw from the documentation we inspected that regular Care Programme Approach reviews were held annually where people's care was discussed with them and the health and social care teams that supported people in hospital and in the community. People told us this all helped them to feel involved in their care programme and people told us they felt they were listened to and were enabled to make decisions about their care appropriately.

People told us their regular key working sessions also provided them with space where they could have an on-going discussion about their preferences and their aims and how they would achieve their eventual goals. They said that group meetings in the house provided an arena for people where they could share their anxieties and their hopes and wishes for the future and develop their confidence.

Care files we inspected evidenced that each person had a care plan in place. We saw that people had contributed to the process of their care planning not only because they had told us, but also because the documents were signed off by people to show their involvement and agreement with what had been written down. The care plans we saw identified each person's needs and their short and long term goals. Information was included in people's records about what people could do for themselves, their strengths, and how staff could support people to achieve the identified goals. We saw from the daily records how staff supported people and we saw this was consistent with the information in their care plans. People's care plans that we inspected had been reviewed monthly up to the date of this inspection.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in the care records. These enabled staff to be informed of any changes in people's support

needs and to identify progress the person had made since being at the service. People were encouraged and supported by staff to undertake various activities and tasks. Records showed people had individual goals and aspirations which had been agreed with them and was aimed at increasing their independence in the home and community.

Daily house meetings were held that provided people with the opportunity to discuss more practical matters, such as any maintenance issues that needed addressing. From viewing the minutes of the last three meetings we saw they were often used to discuss any day trips such as one to the seaside at Littlehampton or other activities or events on offer they wished to take part in. There was also discussion about the importance of fire safety and the rules about smoking in the house.

Staff told us that people were encouraged and supported to engage in activities in the community so that their confidence and the likelihood of their successful rehabilitation also increased. We saw from daily activity records that we inspected people had a varied and wide timetable including courses and adult education classes as well as going to the gym and going for meals out. One person we spoke with told us they attended college and worked in the community in a voluntary capacity.

People told us they knew how to make a complaint if they needed to do so. One person said, "I'd speak to staff or to the manager. They are pretty good and listen to our complaints. Sometimes maintenance problems take longer than they should to get done, but they do usually get done." Another person said, "Yes I'd either speak to the manager or bring it up at the house meeting. That's where a lot of issues get discussed."

The complaints process was displayed in the main hall so people were aware of how to complain if they needed to. We reviewed the complaints received in the last year. We saw that where a complaint was made, this had been investigated and the complainant was responded to with the outcome of the registered manager's investigation. We saw that complainants could be invited to a meeting if they wanted to discuss a complaint further. The registered manager told us they reviewed all complaints that had been made to check if there were any trends emerging. None had been identified at this inspection.

Is the service well-led?

Our findings

We spoke with three members of staff and they said the registered manager was supportive and was a good listener. They said they felt able to raise any concerns they had with the registered manager. Staff said the registered manager was “helpful and supportive” and they felt there was a good team spirit that made working in the home a positive experience for them. They said they felt well supported by their colleagues. Staff felt the registered manager included them in discussions about the service and they felt involved in service progression and development.

A member of staff told us, “I enjoy the staff meetings because they are a good way to develop the service together and so everyone knows what’s going on.” They told us there were regular staff team meetings held monthly. We looked at the minutes from the last three meetings held before this inspection and we saw there were a range of discussion topics some of which were to do with practical household matters such as maintenance issues. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the home that staff needed to be aware of.

Staff told us that in order to ensure effective handovers between staff groups the registered manager had implemented a shift planner and a checklist of tasks that each member of staff had been allocated to do on their shift. This combined with the handover meetings where service user issues were discussed had helped to ensure the seamlessness of service the registered manager wanted to achieve. This helped to ensure that people using the service received more effective care with good continuity and sense of purpose.

People also told us they thought the registered manager was a good listener and responded positively to any valid suggestions they made. The registered manager told us they had asked people who used the service for their opinions and they were asked to complete a satisfaction survey earlier this year. We viewed the findings from the last

satisfaction survey undertaken in July 2015. These showed that people were satisfied with the support provided by staff and the services more generally in the home. They felt they were treated with respect and staff listened to them if they had any concerns or wanted to talk.

The registered manager told us they planned more extensive feedback surveys in October this year to include staff and health care professionals involved in the care provided to people about their experiences of the service. They said the results would be analysed and an action plan drawn up where necessary.

The registered manager told us that a monthly audit was carried out by a senior manager from head office. The purpose was for them to independently review the quality of the care being provided for people using the service. These audits were carried out along similar lines to the Care Quality Commission’s inspection process using the five domains of safe, effective, caring, responsive and well led. We were told that each month a different area was audited and a report written. We saw the reports that were carried out over the previous two months and we can confirm the comprehensive nature of these audits that included health and safety processes and fire safety equipment. We were shown a weekly medicines management audit that evidenced practices were all in line with the agreed policy and procedures.

Where any issues had been identified in the audits we viewed, an action plan was implemented to address and rectify them.

From our inspection of the home’s records we found these to be in good order, logically set out and chronologically ordered. The registered manager ensured good management records were being maintained so that the service remained operationally effective.

The registered manager ensured that statutory notifications were sent as required by their registration with the Care Quality Commission (CQC). The registered manager was clear about what constituted a reportable incident and how to do so.